

## STEP 2 MEMBERSHIP FEE CATEGORIES

CNO REGISTRATION NO.

	Regular	New Grad	Currently Unemployed*	Retired	ONA Group	CUPE Group	Other Groups†
(Includes CNO's mandatory PLP requirement)	<del>\$256.36</del> <b>\$100</b>	<del>\$102.94</del> <b>FREE</b>	\$87.83	\$87.83	<del>\$175.00</del> <b>\$100</b>	<del>\$227.49</del> <b>\$100</b>	<del>\$277.49</del> <b>\$100</b>
	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> (Quantities Limited)	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> NP <input type="checkbox"/>
			OR				
Associates & Friends	Out of Province	Undergraduate Nursing Student Associate		Friends of RNAO			
	\$92.99 <input type="checkbox"/>	\$21.60 <input type="checkbox"/>		\$92.99 <input type="checkbox"/>			
						BOX 1: MEMBERSHIP FEES	\$ <input type="text"/>

## STEP 3 ADDITIONAL BENEFITS

(RNAO Membership required)

### 3a. Legal Assistance Program (LAP)

ADD \$64.57 fee to your membership

SUPPLEMENT YOUR PROTECTION with enrollment in this optional program, be eligible for legal assistance for employment related matters including wrongful dismissals, subpoenas to testify as a witness and complaints to CNO.

YES, I want to enroll in the Legal Assistance Program (LAP).

NO, I do not want to enroll in the Legal Assistance Program (LAP).

INITIALS \_\_\_\_\_

BOX 2: LAP FEES: \$64.57

\$

### 3b. Interest Groups (IG)

SELECT any of the following IG. ♦ If you selected the IG GROUP discount in STEP 2, you MUST SELECT at least 1 interest group marked with ♦ symbol to be eligible for a discount. **Undergraduate Nursing Students: For further discounts, please use online form at [www.RNAO.ca/join](http://www.RNAO.ca/join)**

♦ Clinical Nurse Specialist Association of Ontario	\$15 <input type="checkbox"/>	Ontario Correctional Nurses' Interest Group	\$30 <input type="checkbox"/>
♦ Community Health Nurses' Initiatives Group New Grads \$25	\$45 <input type="checkbox"/>	Ontario Nurses for the Environment Interest Group	\$20 <input type="checkbox"/>
♦ Complementary Therapies Nurses' Interest Group New Grads, Unemployed & Retired Members \$10	\$25 <input type="checkbox"/>	Ontario Nursing Informatics Group New Grads, Retired & Unemployed Members \$20	\$40 <input type="checkbox"/>
♦ Diabetes Nursing Interest Group	\$35 <input type="checkbox"/>	Ontario PeriAnesthesia Nurses Association	\$50 <input type="checkbox"/>
♦ Gerontological Nursing Association Of Ontario Retired & Associate Members \$30	\$65 <input type="checkbox"/>	Ontario Woundcare Interest Group	\$40 <input type="checkbox"/>
♦ Independent Practice Nurses Interest Group	\$35 <input type="checkbox"/>	Palliative Care Nurses Interest Group	\$30 <input type="checkbox"/>
♦ International Nursing Interest Group New Grads \$20, Retired Members \$15	\$25 <input type="checkbox"/>	Parish Nursing Interest Group Retired Members \$10	\$30 <input type="checkbox"/>
♦ Maternal Child Nurses' Interest Group	\$25 <input type="checkbox"/>	♦ Pediatric Nurses Interest Group	\$35 <input type="checkbox"/>
♦ Men in Nursing Interest Group	\$20 <input type="checkbox"/>	♦ Primary Care Nurses of Ontario New Grads, Retired Members \$20	\$50 <input type="checkbox"/>
♦ Mental Health Nursing Interest Group Provincial/National (of total fee \$15 goes to MHNIG, \$20 goes to CFMHN)	\$35 <input type="checkbox"/>	♦ Provincial Nurse Educators Interest Group	\$25 <input type="checkbox"/>
♦ Nursing Leadership Network of Ontario	\$62.15 <input type="checkbox"/>	NEW Rainbow Nursing Interest Group FREE for New Grads and Retired Members	\$20 <input type="checkbox"/>
♦ Nursing Research Interest Group	\$30 <input type="checkbox"/>	NEW Retired Nurses Interest Group NEW	\$15 <input type="checkbox"/>
♦ Occupational Health Nursing Interest Group Ontario	\$20 <input type="checkbox"/>	RN First Assistant Interest Group	\$25 <input type="checkbox"/>
♦ Ontario Association of Rehabilitation Nurses	\$35 <input type="checkbox"/>	Staff Nurse Interest Group	\$25 <input type="checkbox"/>
♦ Ontario Campus Health Nursing Association New Grads, Retired Members \$10	\$25 <input type="checkbox"/>	Telepractice Nursing Interest Group	\$30 <input type="checkbox"/>

BOX 3: IG FEES TOTAL

\$

### 3c. Admin Fee if paying by payroll deduction

If paying by cheque, credit card, monthly credit card or pre-authorized payment proceed to STEP 4. Otherwise SELECT Payroll Deduction below.

PAYROLL DEDUCTION Please see your employer's payroll department for details. (\$10 admin fee)

BOX 4: Payroll/ADMIN FEE

\$

## TOTAL RNAO FEES

(HST included R107883282)

ADD BOX 1 TO 4 TOTAL FEES

\$

## STEP 4 METHOD OF PAYMENT

(VISA Debit is now accepted)

<input type="checkbox"/> FULL CREDIT CARD PAYMENT	<input type="checkbox"/> MasterCard/VISA No.	<input type="text"/>	EXPIRY DATE (MM/YY)	<input type="text"/>
<input type="checkbox"/> MONTHLY CREDIT CARD PAYMENT Monthly payments will be taken on the 7th of each month.	<input type="checkbox"/> American Express No.	<input type="text"/>	EXPIRY DATE (MM/YY)	<input type="text"/>
<input type="checkbox"/> PAYROLL DEDUCTION (see STEP 3c) <i>Please note payroll deduction closes November 15, 2017</i>	<input type="checkbox"/> SIGNATURE (for credit card)	<input type="text"/>	TODAY'S DATE (DD/MM/YY)	<input type="text"/>
<input type="checkbox"/> CHEQUE ENCLOSED (\$25 admin fee will be charged for returned cheques)				
<input type="checkbox"/> PRE-AUTHORIZED PAYMENT (PAP) Include "VOID" cheque. Please withdraw my monthly payments on:				
	<input type="checkbox"/> 1st day of the month	<input type="checkbox"/> 15th day of the month		
<input type="checkbox"/> AUTOMATIC RENEWAL				
<input type="checkbox"/> YES, I authorize RNAO to continuously collect for the items above on or about October 1 annual membership fee payments using the method of payment I have chosen above (credit card, PAP, or Payroll). With this authorization, my RNAO membership will continue indefinitely until I have sent a written cancellation notice. I understand that non-payment of fees will result in termination of my membership. I will advise the RNAO of new credit card expiry date, if applicable.				
<input type="checkbox"/> NO, I do not authorize RNAO to continuously collect membership fee payments.	<input type="checkbox"/> SIGNATURE	<input type="text"/>	TODAY'S DATE (DD/MM/YY)	<input type="text"/>
	<input type="checkbox"/> INITIALS _____			

\* Must provide a written statement of unemployed status via email [info@RNAO.ca](mailto:info@RNAO.ca)

† Tri-hospital, Waterloo Region & Interest Group: Credit Valley, Trillium, William Osler & 4 GROUP (Mackenzie Health, Hospital for Sick Children, Scarborough Hospital, Sunnybrook & Women's Health Sciences Centre OR live or work in the Waterloo Chapter, OR you MUST SELECT at least one (1) interest group marked with a ♦ symbol to be eligible for the discount.

STEP 1 → APPLICANT INFORMATION



→ STEP 1

ARE YOU A:  RENEWING MEMBER  NEW MEMBER \*

(Please check one)

\*NEW MEMBERS  
Did an RNAO member encourage you to join? Give them credit. They earn Recruitment Rewards.  
NAME OF RECRUITER \_\_\_\_\_

PLEASE PRINT CLEARLY

WORKPLACE \_\_\_\_\_

RNAO NO. \_\_\_\_\_

CNO REGISTRATION NO. \_\_\_\_\_

RN  
 NP

I have a valid certificate of registration from the CNO

SIGNATURE \_\_\_\_\_

Ms.  Miss

Mrs.  Mr.

Dr.

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

APT. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_

NAME OF PRIMARY EMPLOYER \_\_\_\_\_

→ CHAPTER AFFILIATION

Chapter affiliation is based on your address above. If you prefer to have your chapter membership based on where you work/study instead of your mailing address, please indicate below.

MAKE MY CHAPTER AFFILIATION BASED ON:

WHERE I WORK/STUDY CITY: \_\_\_\_\_

→ PRIVACY POLICY

Your privacy is very important to us. We will not share your contact info with any unaffiliated third parties. Many of our members appreciate receiving info on savings & special offers from our affinity partners. If you **DO NOT** wish to receive such info, please indicate your preference to the right.

YOU CAN CALL ME

Yes, RNAO can contact me via prerecorded message on the phone numbers provided to RNAO, with messages about offers, my membership status, events & issues. RNAO occasionally uses prerecorded phone messages for important and time-sensitive communication with members.

MEMBERSHIP YEAR

Our membership year is from November 1<sup>st</sup> to October 31<sup>st</sup>. All memberships will expire October 31, 2018.

CANCELLATION POLICY

Membership expires October 31, 2018. Cancellations prior to this date will be subject to a \$30 cancellation fee. As RNAO membership is on a yearly basis, all membership privileges are cancelled and ineffective as of November 1, 2017. Non-payment of fees will result in termination of membership.

DO NOT SEND ME INFO ON:

- Pet Insurance
- Mortgage Discounts
- Extended Health, Dental, Life, Accident & Long-Term Disability Insurance
- BMO RNAO MasterCard
- Home & Auto Insurance
- Other RNAO approved affinity programs

EMPLOYMENT INFORMATION

To help RNAO to better know and serve its members, please complete the voluntary questionnaire. The info is used for statistical purposes only.

1. DOMAIN OF PRACTICE

- Staff Nurse
- Nurse Practitioner
- Clinical Nurse Specialist/APN
- Administration
- Research
- Education
- Consultant
- Other

2. DATE OF BIRTH

□□ □□ □□  
DATE OF BIRTH (DD/MM/YY)

3. EMPLOYMENT STATUS

- Full-time
- Part-time
- Casual
- Is this status your preferred choice?
  - Yes
  - No
- Retired
- Unemployed

4. EMPLOYER TYPE

- Public Health
- Primary Care (CHC/FHT/Physician's Office)
- Hospital Care
- Home-health Care
- Long-term Care
- Nursing Registry/Agency
- University
- Community College
- Government
- Self-Employed
- Other

5. UNION AFFILIATION

- ONA
- CUPE
- OPSEU
- Other
- None

6. NURSING EDUCATION

Highest level completed:

- Diploma
- Baccalaureate
- Masters
- Doctorate
- Special Certificate
- Other: \_\_\_\_\_

← - TURN OVER -

PLEASE DETACH & RETURN THIS FORM:

JOIN TODAY. RENEW NOW.

→ MAIL 158 PEARL STREET, TORONTO, ON M5H 1L3

→ FAX (both sides) 416.599.1926  
Toll-Free Fax: 1.888.881.9782

→ GO ONLINE RNAO.ca/join

→ SIGN UP BY PHONE In Toronto: 416.599.1925  
Toll-Free: 1.800.268.7199